

FILED JUN 6 1944

Registration District No. 1

Primary Registration District No. 4124

State File No.

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Clark
(b) City or town Kahoka
(c) Name of hospital or institution: 1
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community, years, months or days)

3. (a) PRINT FULL NAME

Julius John Feldman

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, Single
divorced

6. (b) Name of husband or wife 6. (c) Age of husband or wife if
alive years

7. Birth date of deceased. January 10 1862
(Month) (Day) (Year)

8. AGE: Years - 81 Months 11 Days 26 If less than one day
hr. min.

9. Birthplace Charleston Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Horiculture

11. Industry or business

12. Name J. C. Feldman

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Johnanna Laughterbach

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Feldman

(b) Address Kahoka Mo.

17. (a) Burial (b) Date thereof 1-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kahoka cemetery

18. (a) Signature of funeral director Frank J. Karle

(b) Address Kahoka Mo.

19. (a) 5-26-44 (b) Henry J. Barton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark 23
(c) City or town Kahoka 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6th
year 1944 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from
....., 19....., to 19.....;
that I last saw him alive on 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza
attributed to exposure
cold.

Due to 7 days.
Due to

Other conditions
(Include pregnancy within 3 months of death) 33a

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(e) Means of injury Cancer

23. Signature J. L. McConner (M. D. or other) Rever

Date signed 1-7-44

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 6-44-1038

Date Filed JUN. 5 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Fred J. Karle

Licensed Embalmer No. 1023

P. O. Address. Kokota 2nd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.